

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9						
10		3				
11		3				
12		3				
13		3				
14		3				
15	1					
16		1				
17						
18		1				
19	1					
20	1					
21	1					
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25						
26		7				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		61				
TOTAL CLAIMS		65				

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								